Yukon
Department of Health
and Human Resources

ANNUAL REPORT

Health Services Branch

April 1, 1983 - March 31, 1984

Yukon Health Care Insurance Plan

Yukon Hospital Insurance Plan

Supplementary Benefits Program

Yukon
Department of Health and
Human Resources
Box 2703, Whitehorse, Yukon Y1A 2C6
(403) 667-5811 Telex 036-8-260

Our File:
Your File:

TO: Honourable Andy Philipsen,
Minister of Health and Human Resources,
Government of Yukon,
Whitehorse,
Yukon

Sir:

I have the honour to submit the Health Services Branch Annual Report of the Yukon Hospital Insurance Services, the Yukon Health Care Insurance Plan and the Supplementary Benefits Programs for the year ending March 31, 1984.

Respectfully submitted

William Klassen
Deputy Minister

Yukon
Department of Health and
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Box 2703, Whitehorse, Yukon Y1A 2C6
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Alan Davidson

Alan Davidson
Director
Health Services

ANNUAL REPORT

HEALTH SERVICES BRANCH

APRIL 1, 1983 - March 31, 1984

YUKON HEALTH CARE INSURANCE PLAN

YUKON HOSPITAL INSURANCE PLAN

SUPPLEMENTARY BENEFITS PROGRAMS

ERRATA

ANNUAL REPORT
HEALTH SERVICES BRANCH
APRIL 1, 1983 - MARCH 31, 1984

* * * * * * * * * * * *

p 10 Days of Care
Total, Other NB
Should Read "2,584"

p 31 1982-83 Excess of Expenditure over Revenue
Should Read "1,207,272"

Increase (Decrease) Column, Revenue
Should Read "227,978"

Increase (Decrease) Column, Expenditures
Should Read "83,522"

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INTRODUCTION

Health Services Branch

Health Services Branch provides the financial administration for three major program areas: Health Care Insurance ("Medicare"), Hospital Insurance Services, and Supplementary Health Benefits.

Health Care Insurance covers the cost of the physicians bills; Hospital Insurance Services, the cost of hospital and diagnostic services; and Supplementary Health Benefits, the costs of Mental Health, Cancer, Medical Travel and Chronic Disease Programs, in addition to the Pharmacare and Extended Health Care Benefits for Seniors.

The programs provide a wide range of medical and hospital services. Residents of Yukon, regardless of age, state of health or financial means, are entitled to benefits. Visitors, transients and tourists in Yukon are not eligible.

The Health Services Branch organization chart is shown in Figure A.

Statutes relating to the administration of the health care benefit programs are as follows:

Yukon Health Care Insurance Plan Act & Regulations
Yukon Hospital Insurance Services Act & Regulations
Financial Administration Act
Canada Health Act
Travel for Medical Treatment Act
Cancer Diagnosis and Control Act
Mental Health Act

Expenditures for the Health Care Insurance Plan, Hospital Insurance Services, and Supplementary Health Benefits programs totalled in excess of $16.7 million for the fiscal year 1983-84. The breakdown of expenditures is reported in Figure B.

The following report presents administrative and financial details for the three major program areas: Health Care Insurance, Hospital Insurance Services, and Supplementary Health Benefits.

FIGURE A

DEPARTMENT OF HEALTH AND HUMAN RESOURCES

HEALTH SERVICES BRANCH

ORGANIZATION CHART

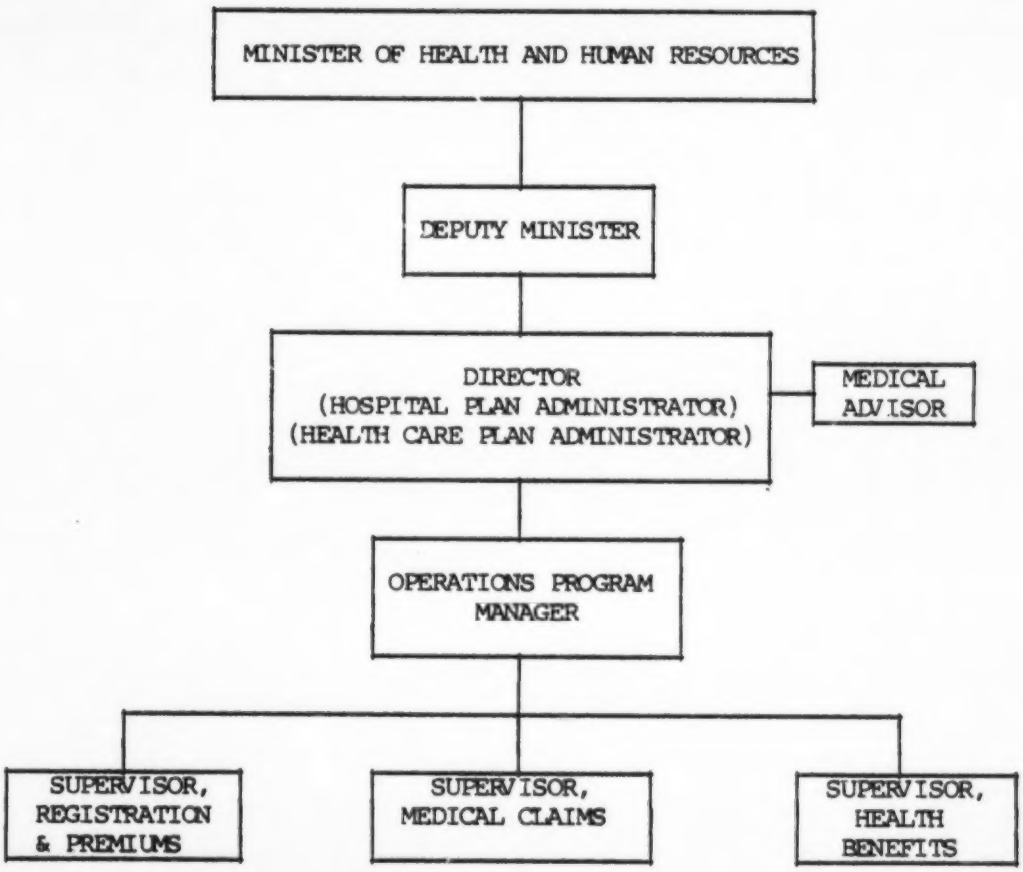
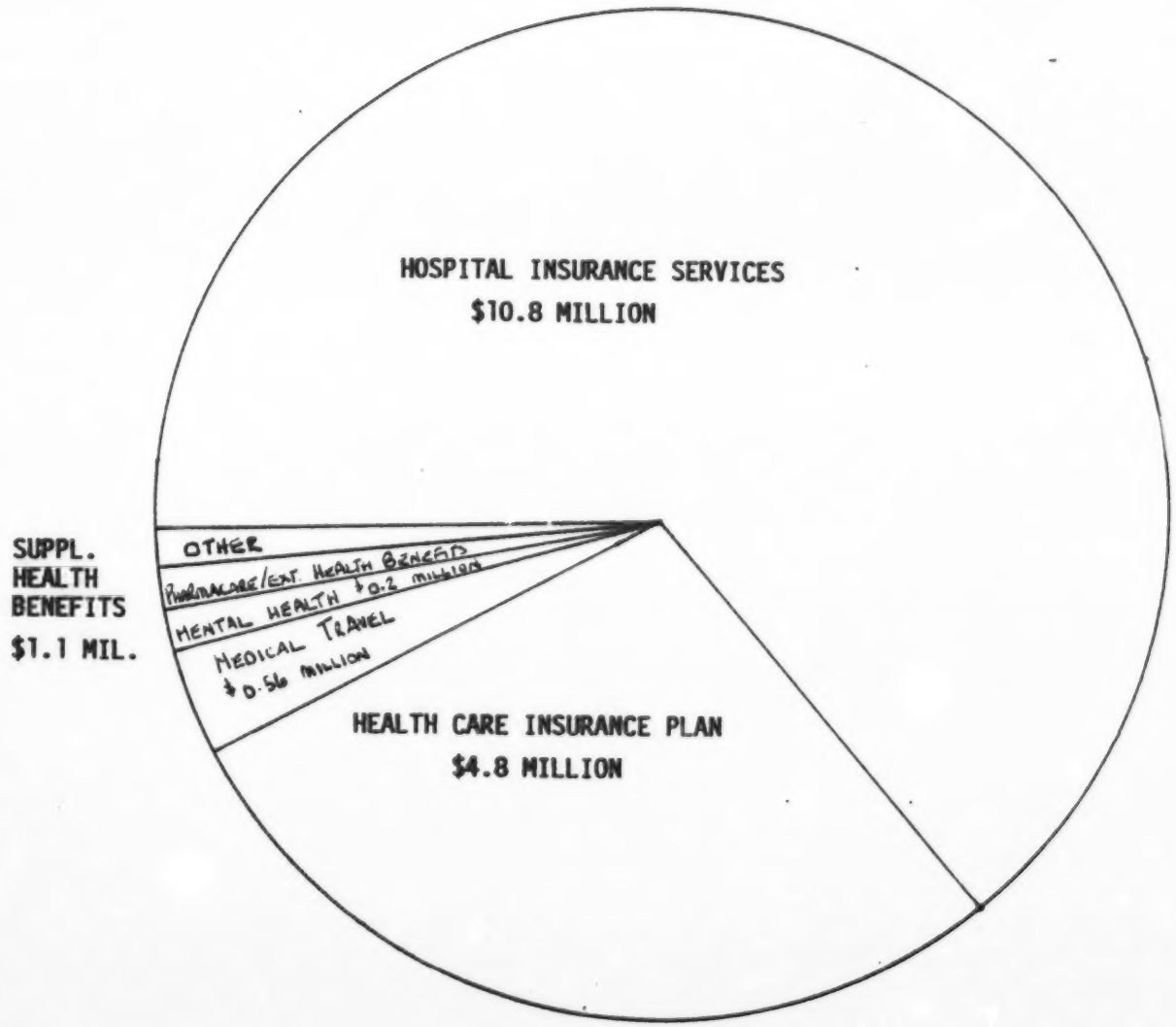


FIGURE B

HEALTH SERVICES BRANCH

BREAKDOWN OF TOTAL EXPENDITURES BY PROGRAM

TOTAL EXPENDITURES = $16.7 MILLION



PART I

YUKON HOSPITAL INSURANCE SERVICES

YUKON HOSPITAL INSURANCE SERVICES PLAN

(Y.H.I.S.)

INTRODUCTION

The Yukon Hospital Insurance Services Plan provides, on behalf of all eligible Yukon residents, payments for medically necessary hospital services.

Y.H.I.S. was established in 1960 by the passage of the Hospital Insurance Services Act, 1960 (1st) C.2, S.1. That act permitted entry into cost-sharing agreements with Canada authorized under the federal Hospital Insurance and Diagnostic Services Act.

Administration of the Hospital Insurance Plan is delegated, by legislation, to the Administrator - the Director of Health Services.

COVERAGE

Every resident, a person who is legally entitled to remain in Canada, who is presently and normally making his home in Yukon, and who has lived in Yukon for three consecutive months, is eligible to receive benefits provided by Yukon Hospital Insurance Services (Y.H.I.S.). No registration is required for coverage. If a resident is eligible and registered for benefits under the Yukon Health Care Insurance Plan, eligibility for services under the Hospital Insurance Services is automatic.

Yukon residents do not pay premiums for Hospital Insurance Services. Expenditures under this program are covered by Government of Yukon general revenues and program contributions from National Health and Welfare (Canada).

A resident on permanent departure from Yukon continues to be covered by the Plan up to midnight on the last day of the second month following the month of departure. This provision, which is an element of the federal-provincial Eligibility and Portability Agreement, enables such persons to meet eligibility requirements for the Hospital Plan of their new host province.

In a similar manner, a new arrival to Yukon must reside in the Territory for 3 months before Yukon eligibility requirements are met. For this period, health care coverage is provided by the province of origin.

Residents absent from Yukon on a temporary basis, who intend to return within 12 calendar months, may retain coverage for the full period of absence.

Payments for insured services are available to residents of Yukon, regardless of the location of the facility. Within Canada, Y.H.I.S. will pay for standard ward care in an approved hospital in or out of Yukon. Y.H.I.S. pays at the hospital per diem (daily) rate, as approved by the relevant territorial or provincial authority. A financial limitation is imposed on the cost of care in hospitals outside of Canada. The rates paid by Yukon Hospital Insurance Services for services rendered outside of Canada must not exceed the rates which would be paid for the same or similar services rendered in Yukon.

BENEFITS

A Yukon resident who requires care as an in-patient or as an out-patient is entitled to receive the following insured services, provided they are delivered in a hospital approved by the Plan:

a) necessary nursing services;

b) laboratory, radiological and other diagnostic procedures together with the necessary interpretations for the purpose of assisting in the diagnosis and treatment of an injury, illness or disability;

c) drugs and biologicals when administered in the hospital;

d) use of operating rooms, case rooms, and anaesthetic facilities including necessary equipment and supplies;

e) routine surgical supplies;

f) use of radiotherapy facilities;

g) use of physiotherapy facilities;

h) all services rendered by persons who receive their remuneration from the hospital.

In-patients are further entitled to accommodation and meals at the standard or ward level.

EXCLUSIONS

Non-medical services such as convalescent or custodial care are not insured.

Outpatient visits for conditions which do not require the use of hospital facilities are not insured (e.g. injections, pre-employment X-rays and examinations, and other minor ailments not requiring laboratory or X-ray services). Simple procedures such as urine and blood tests which ordinarily form part of a routine physician's office examination are not covered unless they are carried out in conjunction with a more complex series of tests which require the use of hospital facilities.

Accounts for physicians, surgeons, or anaesthetists are not the responsibility of Hospital Insurance Services as accounts are payable under the Health Care Insurance Plan. Accounts for private nurses requested or engaged by the patient are the responsibility of the patient or his/her representative. Other accounts not covered by the Plan are the differential cost of preferred accommodation, the cost of drugs, biologicals and related preparations intended for use on discharge from hospital, and transportation charges.

CATEGORY OF HOSPITAL & METHOD OF PAYMENT

The category of "Federal Hospital" was discontinued when the five hospitals in that category were changed to budget review operations on April 1, 1976. The two remaining categories are:

a) Approved Hospital or Budget Review

b) Hospital outside Yukon

APPROVED HOSPITALS (IN TERRITORY)

Approved Yukon hospitals operate on a budget review basis. The locations of Yukon hospital facilities and rated bed capacities for each hospital are indicated in Figures 1 and 2 respectively. Each hospital submits a budget on an annual basis to Yukon Hospital Insurance Services for review and approval by that body. The budget sets out in detail, operating costs, new equipment costs and income. The in-patient budget is examined to determine the amount of the Y.H.I.S. responsibility and monthly advances of 1/12 of that amount are made to the hospital. Payment for all expenses relating to hospital operation is the responsibility of Y.H.I.S. Out-patient accounts are paid on an as billed basis.

Y.H.I.S. is responsible for insured out-patient services rendered to Yukon residents, insured in-patient services rendered to Yukon residents and the operating deficit of the approved hospitals.

Variations from the forecast in-patient mix may alter Y.H.I.S. financial responsibility without affecting the approved budget. Alternatively, an operating deficit or surplus may be incurred by reason of changes in the prices of materials and supplies, facility utilization, the numbers of medical, X-ray and laboratory services requested, or plant operating costs. Heating costs can fluctuate considerably if prolonged periods of extreme cold or mild weather are experienced. For these reasons each hospital is required to furnish financial statements to the Health Services Branch to permit appropriate financial adjustments.

FIGURE 1

YUKON HOSPITAL INSURANCE SERVICES

LOCATION OF HOSPITAL FACILITIES

YUKON TERRITORY

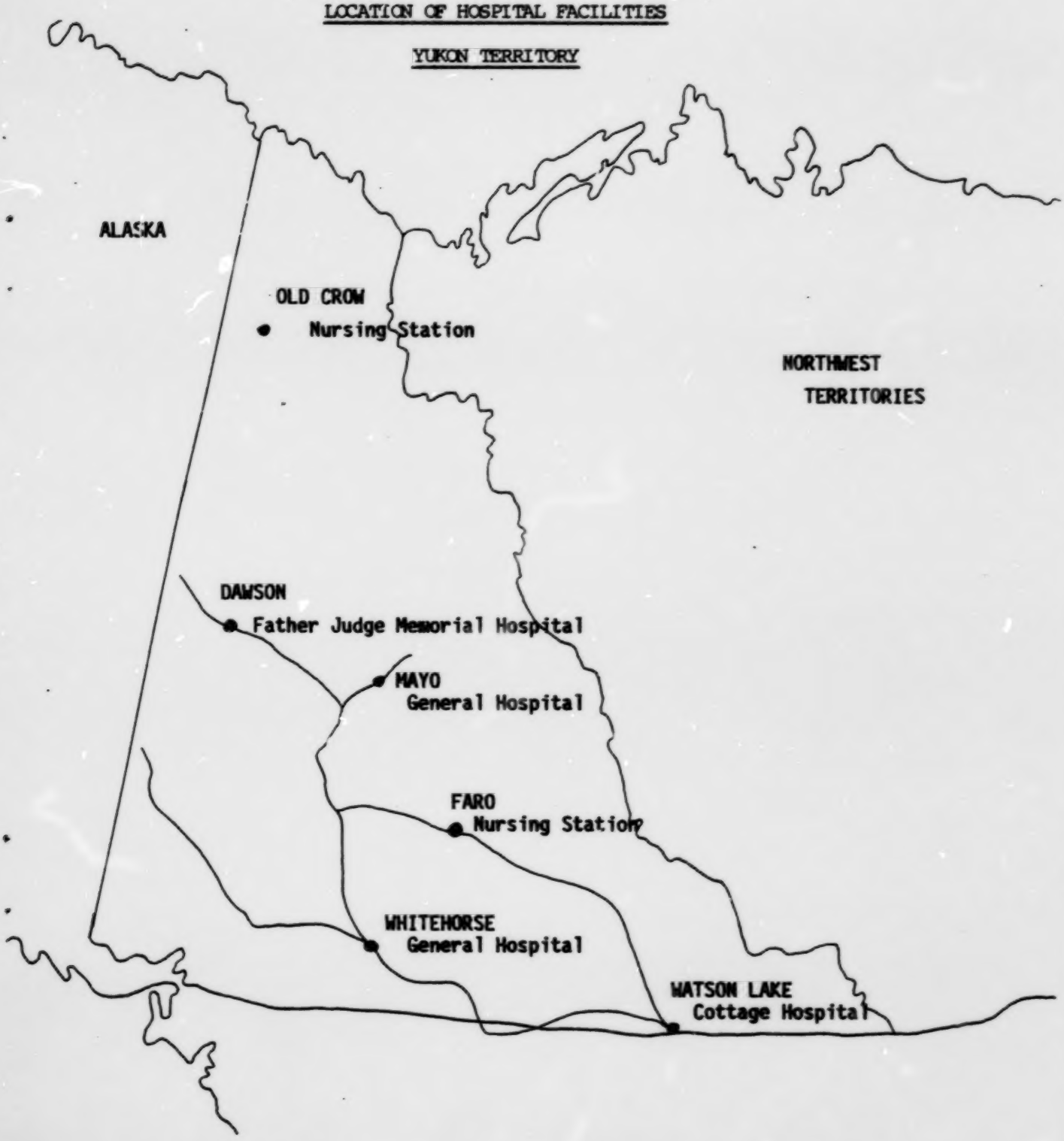


FIGURE 2

YUKON HOSPITAL INSURANCE SERVICES

RATED BED CAPACITY FOR YUKON TERRITORY HOSPITALS

1983 - 1984

LOCATION	BEDS	BASSINETS
WHITEHORSE - Whse. General Hospital	90	30
MAYO - Mayo General Hospital	16	6
WATSON LAKE - W. Lake Cottage Hospital	11	2
FARO - Faro Nursing Station	5	2
DAWSON CITY - Father Judge Mem. Hospital	5	2
OLD CROW - Old Crow Nursing Station	2	0
TOTAL RATED BED CAPACITY	129	42

UTILIZATION OF HOSPITALS - IN-TERRITORY AND OUT-OF-TERRITORY

IN-PATIENTS

There were a total of 4,118 separations in 1983-84 compared with 4,251 in 1982-83. Of these, 83.2% were in Yukon hospitals compared to 83.7% in 1982-83.

Overall days of care increased by 13.3%. There was an 3,279 day increase from 24,576 days in 1982-83 to 27,855 days in 1983-84. While average length of stay in outside hospitals increased slightly over previous levels, the in-Territory length of stay increased appreciably. Days of care and separation totals and averages are shown in Figure 3. Total separations by hospital location for 1983-84 are shown in comparison with 1982-83 in Figure 4.

OUT-PATIENTS

Out-patient utilization increased 18.5% from 17,857 to 21,167 services (see Figure 5). A utilization analysis is presented in Figure 6.

This increase in out-patient utilization represents a significant cause for concern as it suggests an inappropriate use of the hospital out-patient facilities with residents utilizing hospital facilities instead of arranging appointments through the physician clinics. In addition to the $41.00 out-patient utilization fee per visit, this use of out-patient facilities requires physician attendance and an accompanying higher fee for services. This combination of fees results in a significantly higher total cost per out-patient visit.

FIGURE 3

YUKON HOSPITAL INSURANCE SERVICES

INSURED IN-PATIENT SERVICES

AND RELATED PATIENT STAY

	# of Separations*		Days of Care		Average Length of Stay (Days)	
	A&C**	NB***	A&C	NB	A&C	NB
In-Territory						
All Residents	3,426	541	19,916	2,557	5.8	4.7
Registered Indian	603	70	2,741	383	4.6	5.5
Other	2,823	471	17,175	2,174	6.1	4.6
Out-of-Territory						
All Residents	692	39	7,939	419	11.5	10.8
Registered Indian	61	2	782	9	12.8	4.5
Other	631	37	7,157	410	11.4	11.1
Total						
All Residents	4,118	580	27,855	2,976	6.8	5.1
Registered Indian	664	72	3,523	392	5.3	5.5
Other	3,454	508	24,332	2,582	7.1	5.1

* "Separations" is the technical term used to identify discharges and transfers of patients from hospital facilities. The standard measure of hospital utilization is separations, not admissions or discharges.

** Adult & Child
*** Newborn

FIGURE 4

YUKON HOSPITAL INSURANCE SERVICES

IN-PATIENT SEPARATIONS & DAYS OF CARE OF INSURED ADULTS & CHILDREN BY

HOSPITAL LOCATION & PATIENT STATUS

1983 - 84

LOCATION	SEPARATIONS			DAYS OF CARE		
BUDGET REVIEW	INDIAN	OTHER	TOTAL	INDIAN	OTHER	TOTAL
Whitehorse General Hospital	449	2,568	3,017	2,060	16,317	18,377
Mayo General Hospital	49	77	126	217	252	469
Watson Lake Cottage Hospital	54	95	149	245	395	640
Faro Nursing Station	51	69	120	219	189	408
Father Judge Memorial Hospital	0	14	14	0	22	22
Old Crow Nursing Station	0	0	0	0	0	0
TOTAL	603	2,823	3,426	2,741	17,175	19,916
OUTSIDE YUKON TERRITORY						
British Columbia	36	431	467	534	5,028	5,562
Alberta	18	112	130	208	1,401	1,609
Saskatchewan		13	13		69	69
Manitoba		11	11		114	114
Ontario		21	21		264	264
Quebec		16	16		127	127
Nova Scotia		5	5		37	37
New Brunswick		3	3		14	14
Prince Edward Island						
Newfoundland		1	1		5	5
Northwest Territories	7	18	25	40	105	145
Outside Canada						
TOTAL	61	631	692	782	7,157	7,939
GRAND TOTAL	664	3,454	4,118	3,523	24,332	27,855
COMPARATIVE FIGURES 1982 - 1983	727	3,525	4,252	4,382	20,194	24,576
% INCREASE (DECREASE) 83-84 vs 82-83	(8.7)	(2.0)	(3.2)	(19.6)	20.5	13.3

FIGURE 5

YUKON HOSPITAL INSURANCE SERVICES

INSURED OUT-PATIENT SERVICES BY CATEGORY

OF HOSPITAL & PATIENT STATUS

NUMBER OF VISITS

	1983 - 84			1982 - 83			INCREASE(DECREASE)		
CATEGORY	OTHER	INDIAN	TOTAL	OTHER	INDIAN	TOTAL	OTHER	INDIAN	TOTAL
Budget Review	18,054	1,295	19,349	14,623	2,024	16,647	3,431	(729)	2,702
Outside Yukon	1,755	63	1,818	1,134	76	1,210	621	(13)	608
TOTAL	19,809	1,358	21,167	15,757	2,100	17,857	4,052	(742)	3,310

FIGURE 6

YUKON HOSPITAL INSURANCE SERVICES

INSURED OUT-PATIENT SERVICES

UTILIZATION ANALYSIS

1983 - 84				1982 - 83	
REASON FOR SERVICE	NO. OF SERVICES	% OF TOTAL	% CHANGE FROM 82-83	NO. OF SERVICES	% OF TOTAL
TOTAL	21,167	100.0	+27.2	16,647	100.0
DIAGNOSTIC	17,367	82.0	+42.1	12,225	73.4
ACCIDENT	3,658	17.3	-13.6	4,235	25.5
ACCIDENT 3rd. PARTY	142	0.7	-24.1	187	1.1

HOSPITALS OUTSIDE YUKON

A resident may receive insured services outside of Yukon without prior approval by Y.H.I.S. Where the treatment is received elsewhere in Canada, payment to the hospital is at the rate established by the appropriate provincial authority.

Although there is an intensive care unit at Whitehorse General Hospital, the number of medical specialists in full time practice in Yukon is limited, as is the category of specialization. Consequently, it is common practice to refer patients to one of the major hospitals in Vancouver or Edmonton for types of care which are not available in Whitehorse.

Admissions were recorded in all Canadian Provinces, and in the United States. There was a slight decrease in the number of out-of-Territory separations* from 694 in 1982-83 to 692 in 1983-84. The average length of stay for adults and children increased slightly from 10.6 to 11.5 days. The total number of days of care for adults and children increased from 6,986 in 1982-83 to 7,939 in 1983-84 (see Figures 3 & 4).

There has been a continuing trend towards a higher proportion of admissions and days of care taking place in British Columbia, with a commensurate decline in admissions in Alberta (see Figure 7). This feature is primarily a reflection of referring practices of Yukon physicians, who, through their affiliation with the B.C. Medical Association, now have closer ties with British Columbia than with Alberta. Sixty-seven and one half percent (67.5%) of out-of-Territory admissions and separations occurred in British Columbia in 1983-84, compared with 62.7% in 1982-83 and 61.7% in 1981-82.

* "Separation" is a technical term used to identify discharges and transfers of patients from hospital facilities. The standard measure of hospital utilization is separations, not admissions, or discharges.

Use of outside hospitals relative to total hospital use has increased marginally from 16.3% of separations to 16.8% in the past year. The number of days of care in outside hospitals have shown a small increase from 28.4% in 1982-83 to 28.6% in 1983-84 (see Figure 7).

FIGURE 7

YUKON HOSPITAL INSURANCE SERVICES

	Out-of-Territory In-Patient Services		Out-of-Territory In-Patient Services As Proportion of Total In-Patient Services	
	Separations	Patient Days	Separations	Patient Days
Alberta	18.8%	20.3%	3.2%	5.8%
British Columbia	67.5%	70.0%	11.3%	20.0%
Other Provinces	13.7%	9.7%	2.3%	2.8%
Outside Canada	0.0%	0.0%	0.0%	0.0%
	100.0%	100.0%	16.8%	28.6%

FINANCING

The cost of provision of Hospital Insurance Services benefits is shared by the Yukon and federal governments. Contributions by Canada took the form of Established Program Financing transfers, and Indian Health contributions. The former are administered by National Health and Welfare; the latter are paid by Indian and Inuit Affairs Branch of D.I.A.N.D.

TRANSFERS AND RECOVERIES

1983 - 84

Established Program Financing *	$3,556
D.I.A.N.D. Indian Hospital Care Recovery	$1,227
TOTAL FEDERAL CONTRIBUTION	$4,783 MILLION

* Cash Transfer Only

COST

The cost to the Plan for service provision is made up of two components - the approved in-patient and out-patient rates; and the deficit the hospital has incurred once all accounts have been paid at the approved rates. Only the first component, payment of approved rates applies in the case of hospitals outside of Yukon; responsibility for the deficit, should there be one, resides with the Plan in the case of Yukon hospitals only. The payments made by Y.H.I.S. for in-patient, out-patient and administration expenses are listed in Figure 8. A payment summary by agency is shown in Figure 9.

The average approved rate for care of adults and children in outside hospitals was $452.79 per day in 1983-84, up by $175.87 from the previous year. The average approved rate for the care of newborns (nursery care) in hospitals outside of Yukon was $45.08 per day in 1983-84, a $15.08 increase from 1982-83.

Out-patient rates are set by inter-provincial agreement to reduce administrative costs and confusion. The average rate was therefore comparable for both in and out-of-Territory - $44.35.

In Yukon, the approved per diem rate for care of adults and children was set at $425.00; the rate for newborn care was $50.00 per day. Services for in-patient care at those rates, together with the out-patient services, generated an income for Yukon hospitals of $961,763 from sources other than the Yukon Hospital Insurance Services Plan (ie. other provinces' hospital plans, Workers' Compensation, foreign nationals). The comparable figure for 1982-83 was $753,939, representing a 27.62% increase in non-Y.H.I.S. revenue.

Total payments to outside hospitals were $2,464,021 in 1983-84, as compared to $2,069,189 in 1982-83 - an increase of $394,832.

Payments to Yukon hospitals totalled $7,401,448 in 1983-84, compared with $6,390,380 in 1982-83 - an increase of $1,011,068.

The cost of the provision of services by Yukon hospitals in 1983-84, as reported by Medical Services Branch, National Health and Welfare, was $8,731,894 after non-Y.H.I.S. revenue and recoveries had been deducted from a total expenditure of $9,693,657. Y.H.I.S. payments totalled $8,191,820, leaving a variance of $540,074 between federally reported expenditures and Y.H.I.S. payments in fiscal year 1983-84.

The total and average costs to Y.H.I.S. for insured medical services are shown in Figure 10. The average costs, broken down by in-patient and out-patient utilization, are indicated in Figure 11.

FIGURE 8

YUKON HOSPITAL INSURANCE SERVICES

PAYMENTS BY YHIS

	1983 - 84 ($)	1982-83 ($)	INCREASE ($)	INCREASE (%)
IN-PATIENT SERVICES	9,865,469	7,672,971	2,192,498	28.6
OUT-PATIENT SERVICES	938,651	786,598	152,053	19.3
TOTAL PATIENT SERVICES	10,804,120	8,459,569	2,344,551	27.7
ADMINISTRATION	111,084	105,575	5,509	5.2
TOTAL EXPENDITURES	10,915,204	8,565,144	2,350,060	27.4
THIRD PARTY RECOVERIES*	(55,258)	(36,438)	(18,820)	53.1
NET EXPENDITURES	10,859,946	8,528,706	2,331,240	27.3

* In the case of civil litigation where one party is found responsible for injuries to a second party, the cost of care provided to the injured party, may be recovered from the responsible party.

FIGURE 9

YUKON HOSPITAL INSURANCE SERVICES

IN-PATIENT AND OUT-PATIENT INSURED SERVICES

PAYMENT SUMMARY BY AGENCY

1983 - 84

	($ Millions)	Percentage of total paid
NH & W (EPF Cash Transfer)	3.556	32.9%
DIAND	1.227	11.4%
YUKON	6.021	55.7%
TOTAL	$10.804	100.0%

EXCLUDING COSTS OF ADMINISTRATION

FIGURE 10

YUKON HOSPITAL INSURANCE SERVICES

COST OF INSURED SERVICES
(TOTAL vs. AVERAGE)

Cost of Insured Services	1983 - 84	1982 - 83	INCREASE (DECREASE)	% AGE INCREASE (DECREASE)
In-Patient- Adult & Children	$9,770,292	$7,595,001	$2,175,291	28.6
- Newborn	95,177	77,970	17,207	22.1
TOTAL	9,865,469	7,672,971	2,192,498	28.6
Out-Patient	$ 938,651	$ 786,598	$ 152,053	19.3
TOTAL	$10,804,120	$8,459,569	$2,344,551	27.7
INSURED POPULATION	26,754	23,857	2,897	12.1
AVERAGE TOTAL COST PER INSURED PERSON	$403.84	$354.59	$49.25	13.9

FIGURE 11

YUKON HOSPITAL INSURANCE SERVICES

AVERAGE COST OF INSURED SERVICES

BREAKDOWN: IN-PATIENT AND OUT-PATIENT

OUT-PATIENT	1983 - 84	1982 - 83	INCREASE (DECREASE)	% CHANGE
Total Expenditures ($)	938,651	786,598	152,053	+19.3
No. of Services	21,167	16,647	4,520	+27.2
Avg cost per visit ($)	44.35	47.25	(2.90)	- 6.1

IN-PATIENT	1983 - 84		1982 - 83		INCREASE (DECREASE)		% CHANGE	
HOSPITALS IN-TERRITORY	A&C	NB	A&C	NB	A&C	NB	A&C	NB
Total Expenditures ($)	7,322,223	79,225	5,660,438	65,490	1,661,785	13,735	+29.4	+21.0
No. of Days of Care	19,916	2,557	17,590	2,183	2,326	374	+13.2	+17.1
Avg. Cost per Day of Care ($)	367.66	31.00	321.79	30.00	45.87	1.00	+14.3	+ 3.3
HOSPITALS OUTSIDE TERRITORY								
Total Expenditures ($)	2,448,069	15,952	1,934,563	12,480	513,506	3,472	+26.5	+27.8
No. of Days of Care	7,939	419	6,986	416	953	3	+13.6	+ 0.7
Avg. Cost per Day of Care ($)	308.36	38.00	276.92	30.00	31.44	8.00	+11.4	+26.7
ALL HOSPITALS								
Total Expenditures ($)	9,770,292	95,177	7,595,001	77,970	2,175,291	17,207	+28.6	+22.1
No. of Days of Care	27,855	2,976	24,576	2,599	3,279	377	+13.3	+14.5
Avg. Cost per Day of Care ($)	350.76	32.00	309.04	30.00	41.72	2.00	+13.5	+ 6.7

PART II

YUKON HEALTH CARE INSURANCE PLAN

YUKON HEALTH CARE INSURANCE PLAN

(Y.H.C.I.P.)

INTRODUCTION

The Yukon Health Care Insurance Plan Act 1971 (1st) c.15, s.1, provides the authority and framework for the Plan which was introduced on April 1, 1972. Popularly referred to as "Medicare", the Plan is one of the major components of the health care delivery system and is responsible for payment for medical services received by residents of Yukon.

INFORMATION ABOUT THE PLAN

Any service which is medically required is provided on uniform terms and conditions to all bona fide residents of Yukon. No geographic restrictions are imposed on residents for the receipt of insured services, but financial limitations of the Plan's responsibilities are in effect when such services are received outside of Canada.

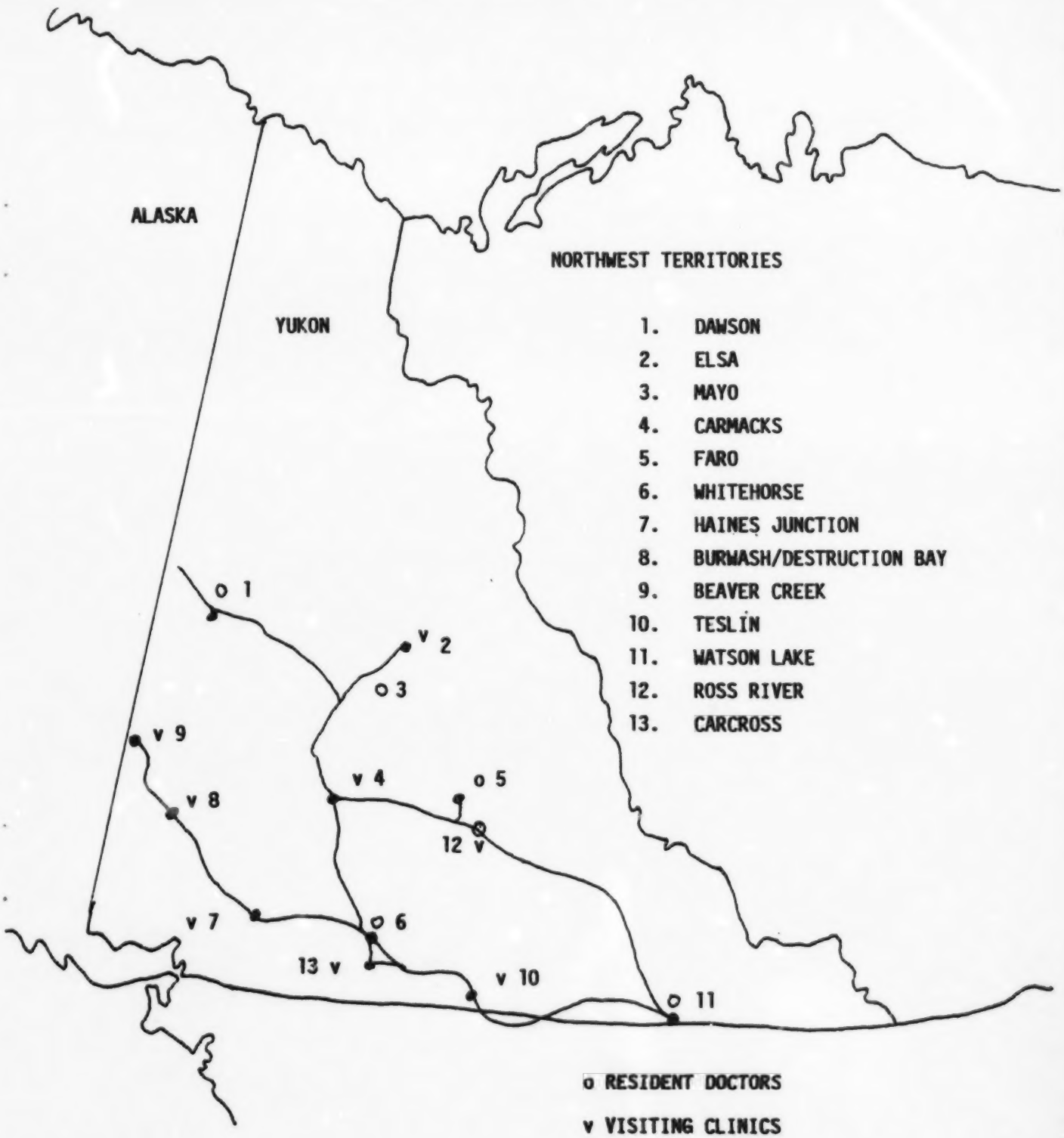
An individual enjoys complete freedom of choice of physician but is limited to the services of one medical practitioner in the course of any one illness unless a referral is made. Where an individual consults a specialist without referral, responsibility for the difference between the specialist and general practitioner fee rests with the patient.

Physicians practising in Yukon may, either, participate in the Plan by submitting accounts for insured services directly to the Plan and receive payment from the Plan, or "opt-out" of the Plan and require the patient to pay directly. Where the latter course is followed, the physician must inform the Plan of his decision and supply the patient with a properly detailed receipt so that the latter, in turn may receive reimbursement from the Plan. A physician may offer his elective at any time with due notification to the Administrator of his intention. All Yukon physicians participated in the Plan in 1983-1984; that is, none elected to "opt-out". The site locations where scheduled medical services are provided are shown in Figure 12.

FIGURE 12

YUKON HEALTH CARE INSURANCE PLAN

SITE LOCATIONS FOR MEDICAL SERVICES



Insured services are those services rendered by a medical practitioner-general practitioner or specialist - which are medically required. Those include such things as:

Visits in the office, hospital, home or at the scene of an accident;

Care and treatment before, during, and after operations including anaesthesia;

Complete maternity care;

Specified dental procedures which require the use of hospital facilities;

But exclude:

Services provided under other legislation, viz Y.H.I.S., W.C.B., R.C.M.P., D.N.D. and other such Acts of Canada, of Yukon, or statutes of other jurisdictions;

Transportation, mileage and ambulance charges;

Drugs, except for senior citizens;

Eyeglasses, except for senior citizens;

Prostheses and appliances, except for children up to age 16, and senior citizens;

Services of an optometrist, except for senior citizens;

Services of a chiropractor, podiatrist or osteopath;

Insurance, employment, industrial, third party, group, camp, travel or premarriage medicals;

Dental services, except for those requiring the use of hospital facilities, unless provided to senior citizens;

Cosmetic surgery except on prior approval;

The full list of exclusions is set out in Section 3 of the Regulations.

The Act requires that each resident of Yukon register himself or herself and dependants with the Plan on entering the Territory to take up residence. Failure to register is an offence under the Act but does not deprive a resident of entitlement to insured services.

ELIGIBILITY

Every resident, a person who is legally entitled to be in Canada, who is presently and normally making his home in Yukon and who has lived in the Territory for three consecutive months, is eligible to receive the benefits provided in the Plan.

A resident on permanent departure from Yukon continues to be covered by the Plan up to midnight on the last day of the second month following the month of departure. This enables such residents to establish residence eligibility for the Plan of their new host province and thus ensures that no loss of coverage is suffered. The reverse of these arrangements is in force for new residents of Yukon who are covered by their former host province until residence is established here. Residents temporarily absent from Yukon on vacation, or attending university, but who intend to return to Yukon within twelve months, retain coverage for the full period of absence.

ADMINISTRATION & OPERATION

Responsibility for the administration of the Plan lies with the Yukon Health Care Insurance Plan Administrator. Claims assessment and accounting records for premium collection are manual operations; other recording and reporting is carried out by data processing.

Computer applications cover such areas as enrollments, billings, statements, and a variety of reports. Continuing difficulties with the existing computer system have been carefully identified and reviewed in the past fiscal year by Computing Services and Health Services. The completion of an extensive systems development program for new processing procedures, ongoing during 1983-84, is anticipated for the early summer of 1984. In conjunction with the systems conversion, a Territory-wide re-registration process will permit updating of the subscriber member file and allow the Registration and Premium unit staff to realize substantial gains in administrative efficiency.

Inspection services include examination of employers' payroll records for the deduction and remittance of premiums to the Plan and the investigation of non-registration and delinquency of premium payments by individuals. Inspectors initiate prosecutions for violations of the Act or its Regulations.

FINANCING

The Plan is funded from two sources:

a) Contributions by Canada in accordance with the Established Program Financing Act (Canada);

b) Premium contributions by residents.

A statement of revenues and expenditures is given in Figure 13.

Premium rates were:

i) $20.00 per month - single person;

ii) $27.50 per month - person with one or more dependants.

Premium assistance (full or partial) may be granted to residents for a fiscal year and is based on the taxable income of the applicant for the previous taxation year.

Assistance with premiums can come into effect for the calendar year following the first year of residency. Outstanding premiums for the first year of residency remain the responsibility of the subscriber.

Y.H.C.I.P. may reduce an individual's premium payment by 50% if:

* The individual is a single, insured person with a net taxable income in the previous calendar year of not more than $4,000; or

* The individual is an insured person with one or more dependants having a combined net taxable income in the previous calendar year of not more than $5,000.

The Plan may waive the entire premium payment if the individual had a net taxable income of zero in the previous calendar year.

Premium assistance and premium waiver are NOT automatic. An individual must apply for assistance, and renew the application each year.

FIGURE 13

YUKON HEALTH CARE INSURANCE PLAN

STATEMENT OF REVENUES & EXPENDITURES

	1983 - 84	1982 - 83	INCREASE (DECREASE)	% CHANGE
REVENUE	($)	($)	($)	
Contributions By NH&W	943,000	837,000	106,000	+12.7
Premiums	2,315,223	2,650,599	(335,376)	-12.7
3rd Party Recoveries*	18,787	17,389	1,398	+ 8.0
	3,277,010	3,504,988	(277,978)	
EXPENDITURES				
Administration	296,273	275,132	21,141	+ 7.7
Payment to Physicians	4,449,940	4,384,674	65,266	+ 1.5
Reimbursement to Residents	29,711	39,304	(9,593)	-24.4
Payments to Dentists	19,858	13,150	6,708	+51.0
	4,795,782	4,712,260	83,552	
Excess of Expenditure Over Revenue	1,518,772	1,056,272	311,500	+29.5

* In the case of civil litigation where one party is found responsible for injuries to a second party, the cost of care provided to the injured party may be recovered from the responsible party.

COST OF MEDICAL CLAIMS

The number of claims from doctors showed a minor increase. As a result of the fee schedule increase and the mix of the services, there was a small rise in the average cost of the claim from $42.13 to $42.29. The out-of-Territory per claim cost rose from $64.63 to $68.88 compared to the in-Territory decrease from $39.85 to $39.81.

COST PER CLAIM	1983-84	1982-83	INCREASE (DECREASE)
In-Territory	$39.81	$39.85	($0.04)
Out-of-Territory	$68.88	$64.63	$4.25
TOTAL	$42.29	$42.13	$0.16

A summary of 1983-84 revenue and expenditures and other statistical data relevant to the operations of the Plan, with comparative figures for 1982-83, are contained in the following Tables I - III.

TABLE I

YUKON HEALTH CARE INSURANCE PLAN

STATISTIC AND FINANCIAL DETAILS

CLAIMS PROCESSED AND PAID ENDING MARCH 31, 1984

	IN-TERRITORY					OUT-OF-TERRITORY					TOTAL				
	1984		1983			1984		1983			1984		1983		
	Claims	Value	Claims	Value	% Change Value	Claims	Value	Claims	Value	% Change Value	Claims	Value	Claims	Value	% Change Value
April	7602	302158	7999	294226	+ 2.7	712	52996	918	55804	- 5.0	8314	355154	8917	350030	+ 1.5
May	9491	344012	8471	309874	+11.0	976	58918	719	46226	+27.5	10467	402930	9190	356100	+13.2
June	7895	344760	9277	344257	+ 0.1	774	51616	905	70803	-27.1	8669	396376	10182	415060	- 4.5
July	8465	324218	7754	321545	+ 0.8	706	56601	690	47069	+20.3	9171	380819	8444	368614	+ 3.3
August	7935	333678	8020	340836	- 2.1	618	44192	470	35380	+24.9	8553	377870	8490	376216	+ 0.4
September	7224	298819	6862	268407	+11.3	163	10291	870	53815	-80.9	7387	309110	7732	322222	- 4.1
October	8917	313781	7872	334198	- 6.1	1161	74852	820	54940	+36.2	10078	388633	8692	389138	- 0.1
November	7711	310251	8692	359862	-13.8	688	48564	816	53083	- 8.5	8399	358815	9508	412945	-13.1
December	8669	309034	8220	314120	- 1.6	938	62781	830	53782	+16.7	9607	371815	9050	367902	+ 1.1
January	8156	359553	8008	318241	+13.0	726	51565	828	54329	- 5.1	8882	411118	8836	372570	+10.3
February	7046	292589	6630	279936	+ 4.5	732	43672	918	51158	-14.6	7778	336261	7548	331094	+ 1.6
March	8205	341029	7773	323573	+ 5.4	890	69579	933	51664	+34.7	9095	410608	8706	375237	+ 9.4
TOTAL	97316	3873882	95578	3809075	+ 1.7	9084	625627	9717	628053	- 0.4	106400	4499509	105295	4437128	+ 1.4

TABLE II

YUKON HEALTH CARE INSURANCE PLAN

NUMBER OF SERVICES BY SPECIALTY BY TYPE OF SERVICE

WITHIN THE TERRITORY APRIL 1, 1983 - MARCH 31, 1984

	General Services	Lab & Radiol.	Office Visit	Home Visit	Hospital Visit	Consul-tation	Diagnostic Procedures	Non-Surg. (Obstetrics)	Surgical	General Surgery	Dental Surgery	Total	% of Total
General Practice	2819	15027	67681	697	31294	989	5962	2081	797	3220	46	130613	91.4
Dermatology		7	1			202				5		215	0.2
Internal Medicine						164	1			2		167	0.1
Psychiatry	9		313		117	1057						1496	1.1
Neurology						59						59	0.1
Pediatrics					1	185						186	0.1
Opthamology			90		24	381				22		517	0.4
Otolaryngology			108		50	461				3		622	0.4
Neurosurgery													
Obstetrics & Gyn.	15	728	88		83	919	196	38	465	24		2556	1.8
Orthopaedics						372				15		387	0.3
Plastic Surgery													
General Surgery	53	173	24		169	2081	271	2	37	2043		4853	3.4
Oral Surgery											250	250	0.2
Hospitals													
Dental Surgery											760	760	0.5
TOTAL	2896	15935	68305	697	31738	6870	6430	2121	1299	5334	1056	142681	
Percentage of Total	2.0	11.2	47.9	0.5	22.3	4.8	4.5	1.5	0.9	3.7	0.7		100.0

TABLE III

YUKON HEALTH CARE INSURANCE PLAN

NUMBER OF SERVICES BY SPECIALTY BY TYPE OF SERVICE

OUTSIDE THE TERRITORY APRIL 1, 1983 - MARCH 31, 1984

	General Services	Lab. & Radiol.	Office Visit	Home Visit	Hospital Visit	Consul-tation	Diagnostic Procedures	Non-Surg. (Obstetrics)	Surgical	General Surgery	Dental Surgery	TOTAL	% of Total
General Practice	187	1336	4360	43	2122	285	277	129	29	226	21	9015	38.1
Anaesthesia	10		3		5347		5			2		5367	22.7
Dermatology	3	3	41		26	66				7		146	0.6
Internal Medicine	1	44	158		382	1270	181			18		2054	8.7
Psychiatry			2		22	104						128	0.5
Neurology & Psych.					1	2	1					4	0.1
Neurology	6	5	21		11	268	12					323	1.4
Paediatrics	5		52		149	430	36			18		690	3.0
Physical Medicine			4		2	79	1					86	0.4
Opthalmology	1	11	84		2	87	30			163		378	1.6
Otolarynology	1	1	14			86	3			89		194	0.8
Neurosurgery	2		6		44	74	3			26		155	0.6
Obstetrics & Gyn.	2	19	43		15	129	34	9	61	1		313	1.3
Orthopaedics	2		20	3	7	177	11			165		385	1.6
Plastic Surgery	2		8			56	2			131		199	0.8
General Surgery		12	64		4	10	34		2	193		319	1.3
Urology		39	2		28	150	53			56		328	1.3
Rad. & Lab.		432	1		1	1	84			2		521	2.2
Oral Surgery											5	5	0.1
Pathology	14	2497	35		2		4			3		2555	10.8
Physiotherapy	1		1		184	1	4			1		189	0.8
Hospital	3	59	134		17	11	6	1	1	3		235	1.0
Cardio-Thor. Surg.						33	8			35		76	0.3
TOTAL	240	4458	5053	46	8366	3319	786	139	93	1139	26	23665	
Percentage of Total	1.0	18.8	21.3	0.2	35.4	14.0	3.3	0.6	0.4	4.9	0.1		100.0

PART III

SUPPLEMENTARY BENEFITS PROGRAMS

INTRODUCTION

The Supplementary Benefits Programs administered by the Health Benefits Unit of the Health Services Branch include:

* Travel for Medical Treatment
* Pharmacare and Extended Health Benefits for Seniors
* Chronic Disease Program
* Mental Health
* Cancer Patient Benefits

Total expenditures for the Supplementary Benefits Programs were in excess of $1.1 Million for the fiscal year 1983-84. Program benefits and requirements are reported in the following section.

TRAVEL FOR MEDICAL TREATMENT PLAN

The medical travel program is the largest of the Supplementary Benefits programs costing $561,000 in fiscal 1983-84. It is unique in Canada as it is the only program of its' sort which does not require a large contribution (co-insurance) by residents not on welfare.

Yukon non-native residents who are registered with the Yukon Health Care Insurance Plan (Y.H.C.I.P.) are eligible for Travel for Medical Treatment benefits with the exception of employees injured or taken ill in the course of their employment with coverage under the Workers' Compensation Act and members of the Armed Forces, the R.C.M.P. and federal government employees with coverage under other federal or Yukon Acts. Status Indian persons have travel services provided by the Northern Health Services Program, National Health and Welfare.

The Travel for Medical Treatment Plan provides travel subsidies to eligible persons for medically-necessary transportation. "Medically - necessary transportation" means that a medical practitioner has certified the need for travel in advance of the trip being taken. Only practitioners licensed in Yukon may certify the need for medical travel. Medical travel is not considered necessary when resources exist locally for the diagnosis or treatment of the patient; a visiting medical service is available which, in the opinion of the doctor or nurse, can provide the required service to the patient; or, the location of the service, or the professional providing it, is a matter of patient preference rather than strict medical need.

All medical travel must be initiated from a point of referral in Yukon. "Point of referral" means a point in Yukon where a doctor or community health nurse examined the patient and certified the need for medical travel. Medical travel coverage applies only to trips from a Yukon point of referral to the nearest centre where services are available. The Plan does not cover travel to Yukon initiating in Alaska, one of the other Canadian provinces, NorthWest Territories, or any foreign jurisdiction. Travel to out-of-Yukon centres requires the approval of the Chief Medical Officer of Health, in addition to the Yukon medical practitioners' certification.

In cases of extreme emergency, the certification requirement at a point of referral may be waived. In such cases, the Chief Medical Officer of Health may authorize immediate medical evacuation from any point within Yukon to a treatment centre also within Yukon. This provision normally applies to accidents occurring at locations distant from points of referral.

The Plan pays escort expenses if a medical practitioner certifies that an escort is necessary. If the medical practitioner requests a medical or nursing escort for a patient, the Plan will not pay additional expenses for a non-medical or family escort. If a non-medical escort is requested by the medical practitioner, the Plan will pay the travel expenses of only one such escort.

Travel for medical treatment is provided only for medical services insured under the Yukon Health Care Insurance Plan. Therefore, the Plan does not cover travel made for:

* psychological assessments
* cosmetic surgery
* chiropracty
* osteopathy
* podiatry
* acupuncture
* hypno-therapy
* reversal of sterilization procedures

and other health related services not provided by licensed medical practitioners.

The Plan does not cover travel for dental, including orthodontic treatments, EXCEPT

* reconstruction or surgical rectification of severe jaw, mouth and palate deformities and/or injuries; and

* medico-dental syndromes affecting tissues and structures of the jaw and mouth.

No dental treatment is covered for medical travel unless it must take place in hospital under general anaesthesia. The Plan must receive proof of hospitalization, in the form of a bill for in-patient services, before reimbursement for travel costs will be made.

A Yukon physician and the Chief Medical Officer must give prior approval for medical travel for dental treatment outside Yukon.

PHARMACARE AND EXTENDED HEALTH BENEFITS FOR SENIORS

Combined expenditures for the Pharmacare and Extended Health Benefits for Seniors programs totalled $220,235 for the fiscal year 1983-84.

EXTENDED HEALTH CARE BENEFITS FOR SENIORS

The Extended Health Benefit Program, implemented in 1982, provides a comprehensive range of services for registered residents of 65 years of age and over, and their spouses 60 years of age and over, including medical supplies and equipment, dental care, optical goods and services, and home nursing services. All applications for goods and services must be approved by the Administrator of the Health Care Insurance Plan.

Medical Supplies and Equipment: Application must be made by a medical practitioner or, in communities without a resident medical practitioner, by a public health nurse. Medico-surgical supplies include body supports, prosthetic garments, ostomy supplies, walking aids, artificial eyes and self-administered injection supplies. Artificial limbs, their adjustments and repair and rigid supports are also covered. Hearing aids (one aid and ear molds), repairs or adjustments once every six months, and replacement once every four years. Medical equipment, such as oxygen supply, manually operated hospital beds and wheelchairs are loaned when such equipment is not available through the Red Cross or a hospital.

Dental Care: The cost of dental care including dental restoration, dentures and preventive services subject to the following limitations: a complete denture or reset (including rebase) for an arch, partial denture for an arch, or a reset (alone) for an arch and denture paid only once every five years. Payments by the Administrator on behalf of any one eligible beneficiary shall not exceed $1,200 for any two consecutive years.

Optical: The cost of refractions payable subject to limitation of the cost of one refraction per beneficiary per year. Cost of frames not to exceed $50.00 and the full cost of unifocal, bifocal, or trifocal lenses, or the cost of two pairs of frames not exceeding $50.00 each. The full cost of single vision lenses is covered once every two years, unless new lenses are required as a result of surgery affecting vision, or progressive eye disease. Tinted lenses or contact lenses are not covered unless required for medical purposes.

Home Nursing Services: Upon written referral of a medical practitioner; payment made for services for any one eligible beneficiary shall not exceed $250.00 per year.

PHARMACARE

Implemented in 1981, Yukon Pharmacare covers prescription drugs for persons 65 years of age and over and their spouses of 60 years of age and over.

Prescription drugs include all those which legally require a prescription from a doctor or dentist. Certain non-prescription drugs and products have been included to expand the coverage available under the Plan. The special inclusions include:

* compounds used in the control of heart disease, such as nitroglycerin preparations, digoxin and other digitalis-related products;

* anti-inflammatory drugs such as analgesics, used for the symptomatic relief of arthritic conditions; and

* insulin syringes

Yukon Pharmacare does not cover the cost of products which can be obtained without a prescription. These include vitamins, patent medicines, personal care items, medico-surgical supplies, laxatives, antacids and most medicines used in the treatment of colds.

The program involves no means test, no contributions by beneficiaries, and no restrictions on the brands or types of drugs as long as the drugs legally require a prescription.

CHRONIC DISEASE PROGRAM

Under joint agreement with the Department of National Health and Welfare, Health Services Branch participates in the Chronic Disease Program which provides medications to Yukon residents, eligible for coverage under Y.H.C.I.P., for the following medical conditions:

* Cystic Fibrosis
* Diabetes
* Phenylketonuria
* Rheumatic Fever
* Epilepsy
* Hemophilia
* Multiple Sclerosis
* Cancer
* Tuberculosis
* Schizophrenia
* Manic Depression
* Organic Psychosis

National Health and Welfare (Medical Services Branch) is responsible for payment to Yukon pharmacists and hospitals for drugs provided to eligible non-native individuals for all diseases except for cancer, T.B., and psychotic disorders. Subsequent reimbursement (100%) is received from Health Services Branch. Payment for drugs for patients with cancer, T.B., and psychotic illnesses is provided directly by Health Services Branch.

National Health and Welfare (Medical Services Branch) is responsible for registration of patients under the Chronic Disease Program.

Expenditures for the Chronic Disease Program totalled $58,997 in 1983-84.

MENTAL HEALTH

Any person in Yukon, independent of residence status, who is found to be mentally disordered, will have a range of benefits available to him or her under the Mental Health Act. Payment for travel expenses may be made on behalf of the person, regardless of residence status. Upon committal in an approved mental health institution, daily maintenance expenses, drug costs and comfort allowances may be paid for residents of the Yukon only.

Independent of residence status, costs associated with examination, assessment, and mental health hearings are payable under the Mental Health program. When ordered by the court, treatment costs for non-residents are also payable. Treatment costs for Yukon residents are payable under Y.H.C.I.P.

Additionally, the cost of operation of the Yukon Mental Health Review Board is paid through this program.

Expenditures for Mental Health program benefits totalled $237,178 in fiscal year 1983-84.

CANCER PATIENT BENEFITS

Persons who are eligible for coverage under the Yukon Health Care Insurance Plan and are suspected or confirmed cases of cancer, have a range of benefits open to them under this program. Prostheses, appliances and special aids to living, as well as home nursing on medical referral are available. Persons receiving benefits through this program must be registered on the Cancer Patient Registry by their physician. Yukon residents, registered with the Yukon Health Care Insurance Plan are eligible for travel benefits to attend cancer clinics except members of the Armed Forces, the R.C.M.P., federal government employees and status Indians with coverage under other federal or Territorial legislation.

Expenditures for Cancer Patient Benefits for the fiscal year 1983-84 totalled $70,919.